



REQUEST FOR TRANSPORTATION

UTICA COMMUNITY SCHOOLS TRANSPORTATION DEPARTMENT

Please complete the following and return it to the school office if your child requires bus transportation for the coming school year. Bus transportation will not be provided for any student who has not submitted this form.

Please complete one form for each child.

DATE: _____ SCHOOL YEAR: _____ SCHOOL: _____

PLEASE PRINT

LAST NAME: _____ FIRST: _____ MI: _____

DATE OF BIRTH: _____ GRADE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE _____ CELL PHONE NUMBER: _____

WORK PHONE: _____ ALT PHONE NUMBER: _____

EFFECTIVE DATE: _____ EMERGENCY CONTACT: _____

MY CHILD WILL REQUIRE TRANSPORTATION:
(CHECK WHICHEVER APPLIES)

AM _____ PM _____ BOTH _____

PARENT/GUARDIAN SIGNATURE _____

FOR OFFICE USE ONLY

BUS# _____ PICK UP TIME: _____

PICK UP POINT: _____

If your child will be requiring transportation from a location other than your home, please contact the Transportation Department at (586) 797-7100. Under no circumstance will a student be allowed to board the bus from any location other than their assigned stop without prior, written approval from UCS Transportation Department. The location other than you home must be everyday 5 days per week. Routes and bus stops are subject to change and reviewed yearly, including consolidation.



REQUEST FOR ALTERNATE ADDRESS BUSING FORM
UTICA COMMUNITY SCHOOLS
TRANSPORTATION DEPARTMENT

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school. **Students may not change bus stops without notification of approval from the Transportation Department.**
PLEASE PRINT

DATE: _____ SCHOOL: _____
 BUS #: _____ STOP: _____

I hereby request permission and accept responsibility for my/our child(ren) listed below to be granted the following transportation change for pick up and/or delivery.

NAME OF STUDENT(S): _____ GRADE _____
 _____ GRADE _____

NAME OF PARENT/GUARDIAN: _____

HOME ADDRESS: _____ ZIP: _____

PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY: _____ CELL NUMBER: _____

REQUEST TRANSFER TO:

CAREGIVER'S NAME: _____ PHONE: _____

CAREGIVER'S ADDRESS: _____

BUS #: _____ EFFECTIVE DATE: _____ PARENT'S SIGNATURE _____

STOP LOCATION: _____

PICK UP & DELIVERY: _____ PICK UP ONLY: _____ DELIVERY ONLY: _____

The Transportation Department will use the following rules to base its decision to provide transportation from an alternate address:

- The alternate address must be within the same school's attendance boundary.
- The alternate stop must be for all five (5) days a week.
- The alternate stop must be an existing stop on the bus run.
- The desired alternate bus run cannot be within 10% of load capacity.
- Transportation eligibility is determined by the student's home address.

Approved requests will cause your child's assignment to change to the alternate address. If your child should need to change back to the home stop, you must contact the Transportation Department three (3) days prior to riding from the different stop.

* * * * * FOR OFFICE USE ONLY * * * * *

BUS#: _____ DRIVER: _____ RUN: _____ STOP ID#: _____

TRANSFER APPROVED: _____ DATE: _____ EFFECTIVE: _____ AUTHORIZED BY: _____

RATIONALE/COMMENTS: _____

DISTRIBUTION: _____ 1. File _____ 2. Bus Driver _____ 3. School